

Sycamore Care Limited

# Morris Grange Care Home

## Inspection report

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Date of inspection visit:  
05 January 2017

Date of publication:  
06 March 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 5 January 2017. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting. The service was last inspected in October 2015. At that inspection issues were identified in relation to the premises. The laundry facilities did not meet best practice guidelines. Areas of the service could not be effectively cleaned due to poor maintenance, such as walls and tiles being badly damaged, broken bath panels and cracked basins. We took enforcement action by issuing a warning notice requiring the service to be compliant with regulation 15. When we returned for this inspection we found the issues identified had been addressed.

Morris Grange provides personal and nursing care and accommodation for up to 71 people, who have nursing and/or dementia care needs. The home also provides care for people who may display behaviours that can be challenging. Care is provided in three separate units, with each unit specialising in providing a different type of care. The home is located in a rural setting close to Scotch Corner, with gardens and car parking available. At the time of our inspection 50 people were living at Morris Grange. At the time of inspection the registered provider was in administration and a management company was overseeing the operation of the home on behalf of the administrators. The management company were providing regular updates to the Care Quality Commission regarding the home for our monitoring purposes.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely for people and records had not been completed correctly.

Staff could easily demonstrate a person centred approach to care, they knew people and their life history's well. However, we found this detailed staff knowledge was not adequately recorded in people's care plans and records.

Audits were taking place, however the in house audits were mainly tick boxes and were not robust enough to highlight the issues we found during our visit.

Staff did not receive supervision or a yearly appraisal in line with the home's supervision policy.

Risks to people arising from their health and support needs and the premises were assessed, and plans were in place to minimise them. Risk assessments were regularly reviewed to ensure they met people's current needs. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

There were enough staff to meet people's needs. Due to the rural nature of the service it was difficult to recruit staff and there were staff vacancies, but the registered provider had covered these with the consistent use of agency staff.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff received training to ensure that they could appropriately support people, and the registered provider used the Care Certificate as the framework for its training.

Staff understood safeguarding issues and felt confident in raising any concerns they had, in order to keep people safe.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and clearly understood the requirements of the Act. This meant they were working within the law to support people who may lack capacity to make their own decisions. The registered manager understood their responsibilities in relation to the DoLS.

People were supported to maintain a healthy diet and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service and that they enjoyed it.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, care home liaison nurse and other professionals. Feedback we received from health professionals was positive?

The interactions between people and staff were cheerful and supportive. Staff were kind and respectful. We saw that they were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received.

Procedures were in place to support people to access advocacy services should the need arise. At the time of inspection three people had independent mental capacity advocates (IMCA's). IMCA's support people who lack capacity to make specific important decisions.

People's care plans contained a record of assessment, care planning, reviews and evaluations, daily records and external healthcare professional input. However, we found that different people's care plans were very similar, with some containing duplicated and generic information, with only the person's name changed. This meant they were not always individual and person centred.

People had access to a range of activities, which they enjoyed. The service employed three activity coordinators, one of which worked solely on a weekend.

The registered provider had a clear complaints policy that was applied when any concerns were raised. People and their relatives knew how to raise any issues they had. Complaints were documented, with a full outcome recorded to show if the complainant was satisfied.

The registered manager was a visible presence at the service, spending time out of the office. Feedback was sought from people, relatives, external professionals and staff to help monitor and improve the service.

We identified 3 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not always managed safely.

Risks to people were assessed and minimised, and assessments were used to plan and deliver safe care.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The registered provider had safe recruitment procedures in place and people were supported by sufficient numbers of staff.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received training to ensure that they could appropriately support people.

Staff were not supported through supervisions and appraisals.

Staff knew their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

The service worked with external professionals to support and maintain people's health.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

People and their relatives spoke highly of the care they received.

The service supported people to access advocacy services.

### Is the service responsive?

The service was not always responsive.

Staff demonstrated a person centred approach to care. However records did not match staff knowledge.

People were supported to access activities and follow their interests.

There were systems in place to manage complaints

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The registered manager and the area manager carried out regular checks to monitor and improve the quality of the service; however the in house audits were just tick boxes with no action plans and had not highlighted the concerns we raised.

There were gaps in the recording of people's personal preferences.

Staff felt supported by the registered manager and registered provider.

The manager understood their responsibilities in making notifications to the Care Quality Commission.

**Requires Improvement** ●

# Morris Grange Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was last inspected in October 2015. At that inspection a repeated breach of regulation was identified in relation to the maintenance of the premises and we issued a warning notice. Following our inspection the registered provider wrote to us, telling us how they were going to meet the requirements of the warning notice.

This inspection took place on 5 January 2017. The inspection team consisted of two adult social care inspectors, one pharmacy inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of our inspection 50 people were using the service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

We contacted two external healthcare professionals, including North Yorkshire County Council to gain their views of the service provided at the service. All spoken to expressed no concerns.

During the inspection we spoke with 16 people who lived at the service and 2 relatives. We looked at eight care plans, and 14 Medicine Administration Records (MARs). We spoke with six members of staff, including the registered manager, nurses, senior carers and care staff. We also spoke with a visiting healthcare professional. We looked at four staff files, including recruitment, training and supervision records.

We also completed observations around the service.

# Is the service safe?

## Our findings

At our previous inspection in October 2015 we identified a repeated breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and equipment). The laundry facilities did not meet best practice guidelines and areas of the service could not be effectively cleaned due to poor maintenance, such as walls and tiles being damaged, broken bath panels and cracked basins. We took enforcement action by issuing a warning notice requiring the registered provider took action to become compliant with regulation 15. Following our inspection the registered provider wrote to us, telling us how they were going to meet the requirements of the warning notice.

During this inspection we found that the registered provider had taken action and was now complying with this regulation. New laundry facilities had been put in place, actions had been taken to repair damaged fixtures and fittings and there was evidence of ongoing renewal and maintenance throughout the home.

During this inspection, we looked at the arrangements for the management of medicines. We looked at how medicines were handled and found that the arrangements were not always safe.

Records relating to medication were not completed correctly, increasing the risk of medication errors being made. When we checked the stock of medicines alongside the records for 14 people, we found that the records and stock for nine medicines [for five people] did not match up. There were gaps in the records for one person. Medicine stocks were not properly recorded when medicines were carried forward from the previous month. This is necessary so accurate records of medication are available and care staff can monitor when additional medication needs to be ordered. We also saw that some creams were applied by care staff, but guidance for staff on the site and frequency of application was not available and application records were incomplete. This meant we could not be sure if people were having their medication administered correctly.

Two medicines for two people were not available. This means that arrangements for ordering and obtaining people's prescribed medicines were failing, which increased the risk of harm. Some medicines were administered as a patch applied to the skin. A system was in place for recording and rotating the site of the patch's application, to prevent side effects. Staff had not fully completed this record for two people whose records we looked at, increasing the risk of the application site not being rotated.

Some people had medicines administered covertly. This is when medicines are given in food or drink to people without their knowledge or consent. We saw that the GP had authorised covert administration (adding medicines to food) for people who did not have capacity and were refusing essential medicines. However, the medicines which could be given covertly were not specified. Information on how covert administration would be done was not clear and whilst staff had sought guidance from the pharmacist, to make sure that these medicines were safe to administer in this way, some medicines were being administered against the pharmacist's guidance. Clear information and guidance is necessary to ensure people are given their medicines safely.



We found that where medicines were prescribed to be given 'only when needed,' individual written guidance to inform staff about when these medicines should and should not be given, was not always available. Whilst the nurses were able to tell us how these medicines were given, this information was not recorded in detail or specific to individual people. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators that stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Eye drops, which have a short shelf life once open, were marked with the date of opening. This meant that staff could confirm they were safe to use.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that whilst a daily system of medicine checks was in place the manager was not always notified when discrepancies were identified so that an investigation could take place. We found that the registered provider had completed a medication audits, but these had not identified the issues we found.

These findings evidenced a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

People who lived at Morris Grange said they felt safe at the home and with the staff. One person said, "It has made all the difference to feel safe and cared for. An external healthcare professional said, "People are definitely safe living here." Risks to people were assessed and detailed plans were put in place to minimise them. People were assessed in areas of risk such as falls, choking and skin integrity. Where particular risks arose, these were also assessed. For example, one person was at risk of aspiration and there was a detailed record on what staff needed to do to reduce this risk. For example, making sure the person had thirty minutes of rest before eating, remained upright when eating and also instructions on how staff should place food into the person's mouth. There was a record of signs of aspiration, such as coughing and voice change. Another person was unable to use the call bell and a clear risk assessment was in place for this. Risk assessments were reviewed on a monthly basis, or more often if necessary, to ensure they reflected people's current needs.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. We saw documentation and certificates which showed that relevant checks had been carried out on gas appliances, manual handling equipment, electrical installation and portable electrical equipment. Records confirmed that monthly checks were carried out of emergency lighting, fire doors, water temperatures and control of substances hazardous to health (COSHH).. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may require support to leave the premises in the event of an emergency. The PEEPs were reviewed every three months. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire, which forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training. One member of staff said, "I have had a lot of training to keep residents safe and I understand safeguarding." Staff also had a clear understanding of the whistleblowing (telling someone) procedures. Staff we spoke with said, "I would tell someone without a doubt if I saw something, I haven't though." We asked people and their relatives if they thought there was enough staff on duty. One person we spoke with said, "They are always about, lots of them." A relative we spoke with said, "Yes there is enough staff on duty at all times."

We found there was enough staff on duty throughout the day. Staff had time to sit with people and provide one to one time. The service had vacancies which they were in the process of trying to fill. Due to the rural nature of the service this had proved difficult. The registered manager was using the same agency staff to cover the vacancies, to help ensure that people benefited from staff who were familiar with the home and the people who lived there.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Three references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

We found the service was clean and tidy. One relative we spoke with said, "This place has improved it is a lot cleaner now." Staff had completed training in the prevention and control of infection. There was personal protective equipment available when required such as gloves and aprons. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques. We did notice a slight malodour on the entry to the challenging behaviour unit. Cleaning staff were busy cleaning up after breakfast but attended to this straight after.

# Is the service effective?

## Our findings

We found that staff were not adequately supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The home's staff supervision policy stated that all staff would receive at least four supervisions each year, one of which would be an annual appraisal. The four staff files we looked at showed only the unit manager received the required level of supervision. Other staff had only received one supervision since January 2016. We discussed this with the registered manager who said they were aware these needed doing and was in the process of tasking the unit managers to supervise staff on their units.

These findings evidenced a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us staff were competent and appropriately trained. For example, one relative we spoke with said, "The staff have the training, they cope really well."

A visiting healthcare professional said, "The staff are well trained, they manage behaviours so well, staff are very empowered."

People we spoke with all confirmed that staff were competent and appropriately trained.

Staff we spoke with told us they received training that was relevant to their role. For example, one staff member said, "I have had a lot of training." Another staff member told us, "I receive all my training through the agency I work for."

We confirmed from our review of staff records that staff were suitably qualified, trained and experienced to fulfil the requirements of their posts.. Records showed that staff had completed training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), fire safety, food safety, moving and handling, medication and challenging behaviour.

New staff undertook a twelve week induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff had two weeks of supernumerary time [not counted as a member of staff on duty] on the unit where they would be working. During this time they were mentored by an experienced member of staff who monitored their work. The registered manager said, "This gives the new staff member time to ask any questions and to be given guidance and/or further training on areas where they can improve."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately.

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection 30 people were subject to a DoLS authorisation.

The MCA was reflected in the care plans we looked at for decision specific assessments. For example, one person's file had a risk assessment for moving and handling, a best interest checklist and MCA assessment was used when writing this risk assessment.

People were supported to maintain a healthy diet. People were regularly weighed to monitor their nutritional health. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team.

We asked people what they thought of the food. People were complimentary and satisfied with the food and drink provided. For example, one person said, "Food is like home from home, it is lovely." Another person said, "The food is nice, very nice." Staff we spoke with said the food was plentiful and nice.

We observed a lunch time meal on all three units. Lunch time consisted of a three course lunch, and the food was plentiful and looked appetising. There was a three course lunch menu comprising; mushroom soup and bread, a choice of chicken in breadcrumbs or meat loaf with vegetables and mashed potatoes, with arctic role or yogurt for pudding. Staff said that alternative puddings were available for the diabetics living on unit if these were needed and that soft diets were also catered for. Staff said that food was available any time. They had toast, cereals, yoghurts and, biscuits always available on the unit.

Staff were able to describe how they offered choice, by using either picture menu cards or showing people the different options available at meal times. People didn't have to select a meal choice in advance. A choice of juice was given with the meal and a hot drink after. We also saw drinks offered during morning on each unit. Some people were unable to choose meals, so staff described how they used what they knew about people's likes and dislikes to make informed choices on their behalf. We did see some information in care plans about dietary preferences and what drinks people liked.

We observed that meals came pre-plated, so although people got a choice of main and if they wanted gravy, all the vegetables and potato was already on their plate. Staff did remove unwanted items if requested or they knew particular likes/dislikes, but this practice appeared to undermine people's personal choice. We discussed this with the registered manager, who agreed to look into this further.

We observed staff providing assistance with eating on a one to one individual basis. Staff sat and were pleasant and demonstrated a nice temperament while they assisted people. Staff also responded to individual need, for example one person wandered up and down unit continually, refusing to sit for lunch. A staff member followed the person with a tray of food and encouraged them to eat every time they sat for a few moments. Staff explained that this was normal for this person and the best way they had found to ensure that they ate their meals without restricting them unnecessarily or causing distress. We observed that

the staff member did this in a supportive way, trying to be as inconspicuous as possible.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist and psychiatrists. Feedback from health care professionals was positive. For example, one external healthcare professional said, "Staff are very good and promote a calm environment with a consistent approach."

## Is the service caring?

### Our findings

People and their relatives told us they were happy with their care and staff were kind and caring. One person said, "I am as happy as can be, they [permanent staff] are so different to the agency staff they use." We asked this person what they meant and they said, "Sometimes I have to wait a while for a bedpan but mostly its okay." Another person said, "These people [staff] try to keep us happy, it must be really hard work." Another person who used the service said, "Staff are very nice." And another person said, "I don't need caring for but everyone is very kind." A relative we spoke with said, "Staff are very good and very caring." A visiting healthcare professional said, "Staff are very polite to the residents."

People said care was delivered with dignity and respect. One person we spoke with said, "They [staff] are very understanding." Throughout the inspection we observed staff interacting with people with care and kindness. As staff moved around the service they made an effort to stop and talk with people. We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity.

Staff encouraged people to maintain their independence. We observed staff supporting people where needed but standing back and allowing them to do things themselves when not needed. One relative we spoke with said, "They encourage [person's name] to walk alone although don't leave him." Staff knew people well and could easily explain what support each person needed. For example, one staff member explained how one person liked to have time to themselves, but was happy for staff to check on them every now then and sit and chat for a while.

Relatives told us they were free to visit whenever they wanted to, and always felt welcome and involved when they did. One person using the service said, "They [staff] always check we want to see visitors before letting them in." We saw notices asking visitors to avoid meal times when visiting if they can. We were told this was to avoid people being distracted and leaving their food.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. One person had a good friend who they wanted to be involved in their care and to chat to about any decisions they may have to make. Staff were aware of this and involved the friend as much as possible.

Procedures were in place to support people to access advocacy services should the need arise. At the time of inspection three people had independent mental capacity advocates (IMCA's). IMCA's support people who lack capacity to make specific important decisions.

At the time of inspection no one was receiving end of life care. However, we saw staff had not received training on this subject. We followed this up with the registered manager who said this training was being arranged.

## Is the service responsive?

### Our findings

Staff understood what was meant by 'person centred care' and how to deliver care in this way.. Person centred care is care that is centred on the person's own individual needs, preferences and wishes. Staff were able to give examples of how they worked in a person centred way. For example, one staff member said, "[Person's name] prefers their own company, although I often pop in for a chat but don't stay long, they need reassurance during times of personal care and we provide that."

We looked in detail at the care plans for four people who used the service. Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service.

Care plans and records gave an overview of people's needs and would allow care to be provided reasonably consistently. We did see some person centred/individual information included. However staff we spoke with explained personal details about people that was not written in their care plan. For example, one person had a very specific past which could affect their behaviour and care needs today. One staff member explained exactly what this was, but this very important information was not recorded in the person's care file.

People's care files documented, where relevant, how to alleviate confusion. For example, making sure people had familiar personal belongings in their room, had access to their newspaper, talked about events and that staff orientated people to the date and time. However, nearly every clock in the service had stopped or was showing an incorrect time, which would be confusing to people living at the home. We discussed this with the registered manager who said, they would rectify this straight away.

We saw evidence of care plans being generic and similar in wording. In some care plans we saw examples where the exact same wording was used, other than the change of the person's name. We discussed the duplicating of care plans with the registered manager and the need to update the plans to match current needs of people, staff knowledge and to insert life histories where possible. The registered manager said they would rectify the duplicating straight away and update the plans to match current needs of individuals.

We found that staff provided person centred care that was to the person's preference and wishes. However this was not always sufficiently documented and reflected in people's care plans.

One relative we spoke said they were involved in the care plan. They said, "Yes I was asked about likes and dislikes." And "I am invited to attend reviews."

The service employed three activity coordinators. One coordinator was employed to work on the weekends. On the day of inspection there was one activity coordinator on duty for part of the day. We observed the activity coordinator taking people along to one part of the home to watch a musical and do some dancing. One person we spoke with was looking forward to this and said, "I love a good dance." People we spoke with said they enjoyed carpet bowls, magnetic darts and indoor golf.

We asked if people went outside and observed that the home had a secure courtyard that was safe for people to go for a walk. One staff member we spoke with said, "Usually everyone is in and out, but today for some reason they are not." A relative we spoke with said, "its great having the courtyard since it is so secure, [relative's name] to go out." A visiting health care professional said, "They [staff] take people out for walks which is lovely." We saw in one person's care plan, they were a keen gardener and loved to be in the garden. The activity records showed that this person only went out for one walk in December 2016, one walk in November 2016 and one walk in August 2016. Feedback from people, staff and visitors did not reflect the lack of getting outside, and we concluded that this was a recording issue.

There was a basic policy in place for managing complaints, which contained information on the timescales for acknowledging a complaint and where further support could be sought. Seven complaints had been received since January 2016. All the complaints had been investigated with a full outcome recorded for the complainant. During our visit two people raised the issue of not being able to see their televisions in their rooms, due to the television being on the wall and a wardrobe blocking its view. The registered manager said they would rectify this straight away.



## Is the service well-led?

### Our findings

At the time of inspection the registered provider was in administration and a management company was overseeing the operation of the home on behalf of the administrators. The management company were providing regular updates to the Care Quality Commission regarding the home for our monitoring purposes. At the last inspection in October 2015 we recommended that improvements needed to be made in the effectiveness of the quality monitoring and governance systems, mainly around infection control and the premises. We found that these improvements had taken place. However, concerns we found in other areas such as medicines and records had not been highlighted in the audits that took place.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager completed audits in medicines, infection control, bed rails, mattresses, kitchen and staffing. All the audits were completed with a tick and there were no action plans or next steps following the audits. The registered manager stated that the temporary owners were planning on introducing more robust audits and they were waiting for these to start.

The regional manager also carried out monthly audits, these audits had action points with who was responsible for the action and the date it was required. However again these audits did not highlight the issues we found relating to medicines, record keeping and generic care plans.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

People we spoke with were positive about the service and quality of care provided. For example, an external healthcare professional told us, "This is one of the better services."

We asked people and their relatives what they thought of the registered manager. One person we spoke with said, "Oh they are lovely." One relative we spoke with said, "Oh [registered managers name] is a marvel, I cannot praise her enough." Another told us, "I feel confident this place is run well, as well as it can be."

We asked staff what they thought of the registered manager. Staff we spoke with said, "She is very approachable, no problems." Another staff member said, "Oh she is fine, no problems, she sorts things out as well."

We asked the registered manager how they obtained feedback from people and their relatives. A 'Your opinion counts' survey took place in November 2016. Feedback from this survey was positive. The only two issues raised were the television reception and trips out for people. The registered manager said they had tried to rectify the television reception and this seemed to be fine now. For trips out they were looking into costs for a minivan. We saw evidence of this in their audits.

The registered manager held 'resident and relative' meetings to keep people informed of any updates or changes. Wall posters were on show for people who could not attend the meetings. The recent poster updated people on the new laundry. One relative we spoke with said, "The relative meetings are very efficient."

Meetings took place on a two monthly basis for staff. Topics discussed were maintenance around the service, activities, training, rotas, health and safety and current news. Staff we spoke with found the meetings to be useful.

We asked the registered manager what links they have with the local community. They said they have built up a network with all religious denominations who visit the home and they were encouraging local people to drop by and meet them.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The service was also displaying the rating from the last inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider was not ensuring quantities of medicines were correct and records were in place to ensure the proper and safe management of medicines.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider was not assessing and monitoring the service to mitigate risks or maintaining complete and contemporaneous records in respect of each service user.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The registered provider was not ensuring that staff received appropriate on-going or periodic supervision in their role to make sure competence is maintained.
Treatment of disease, disorder or injury	